

**Massachusetts Department of Public Health
Request for Access to Confidential Information**

Name: _____

Address: _____

Phone # _____ Date of Birth: ____/____/____

I would like to know if the following DPH programs maintain any confidential information related to me:

Program	Location

If so, I request access to:

☐ The confidential information maintained from ____/____/____ to ____/____/____

☐ I would like to arrange to inspect my confidential information if possible.

☐ Please copy and mail me my confidential information. I agree to pay twenty cents (\$.20) a page for photocopies, or the actual cost incurred for records not susceptible to ordinary means of reproduction, along with postage costs.

Your Signature or Signature of Personal Representative

____/____/____
Date

Print Name

Indicate relationship of person signing this form to the individual who is the subject of the information disclosed.

____ Person signing is the individual

____ Person signing is the Personal Representative authorized to make health care

decisions for the individual. Describe the authority. _____

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DPH Only DPH Decision		
<input type="checkbox"/> Request Approved		
<input type="checkbox"/> Please call _____ to arrange a time to inspect.		
<input type="checkbox"/> Copies will be mailed upon receipt of _____; and mailed to:		
Call _____ if you have any questions.		
 <input type="checkbox"/> Request Denied		
By:		
Signature	Title	Date

DPH is required to inform you of your right to file a complaint about this decision.

With DPH:
Privacy Office
Massachusetts Department of
Public Health
250 Washington St.
Boston, MA 02108
Phone: 617-624-6083

With the Department of Health & Human Services:
Regional Manager, Office for Civil Rights
DHHS Government Center
J.F. Kennedy Federal Building – Room 1875
Boston, Massachusetts 02203
Phone: 617-565-1340
FAX: 617-565-3809 TDD: 617-565-1343

Your complaint must be in writing, filed within one hundred eighty (180) days of when you knew or should have known of the denial, and name DPH as the party you are complaining against.